

MAR 17 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cedar  
Township Box  
City Box (No.     )

Registration District No. 168  
Primary Registration District No. 5228

File No. 5431  
Registered No. 14  
St.      Ward     

2. FULL NAME

(a) Residence, No. David C. Blankinship St.      Ward     

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22-1890

7. AGE YEARS 46 MONTHS 5 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Samuel Blankinship

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

15. MAIDEN NAME Lena McVay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT Jesse Barritt (ADDRESS) Leadville Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Angel Dell DATE 2-22-1937

19. UNDERTAKER Wm. Siders (ADDRESS) Leadville Springs, Mo

20. FILED 2-22-1937 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1937

22. I HEREBY CERTIFY, That I attended deceased from     , 19    , to     , 19    

I last saw him alive on     , 19    . Death is said

to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Found dead in house Date of onset

death from natural  
Cause. Probably Influenza

Other contributory causes of importance

Name of operation      Date of     

What test confirmed diagnosis?      Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury     , 19    

Where did injury occur?     

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury     

Nature of injury     

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify     

(Signed) M. J. Dawson Coroner

(Address) Leadville Springs, Mo

